

# **ATR Voucher Management**

1. Provider has PR+ contract
2. Client enrollment, Program Treatment code- PR+ Outpatient or PR+ With Residential Support
3. CAGE-Aid completed
4. ATR/GPRA completed
5. (Comprehensive Assessment completed)

**In Voucher Management system**

6. Add Treatment Package for level of care
7. Print Treatment Voucher for level of care assigned
8. Obtain client signature, place signed copy of treatment voucher in client record
9. Add Recovery Support Package
10. Assign Recovery Support services
11. Print Recovery Support vouchers, give copy to client,
12. Obtain client signature on Recovery Support Voucher place in chart.
13. (Optional) Obtain release of information authorization, fax copy of Recovery Support Voucher to Recovery Support Provider.
14. When client level of care changes, add new treatment package, print voucher, obtain client signature place in client record.

## Client Enrollment (Test Client)

[Clear](#)[Save](#)[Print](#)[Help](#)

Client enrollment must be completed. Fill out the following fields, then click Save.

State ID	Admission Date	Local Chart No.	Division	County where client will receive services
<input type="text"/>	<input type="text"/>	<input type="text"/>	ADA <input type="button" value="v"/>	<input type="text"/>
Last Name	First Name	Middle	Do you have a substance abuse problem?	
Client <input type="text"/>	Test <input type="text"/>	Two <input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Zip Code	<input type="checkbox"/> COMBAT-funded		Primary Substance	<input type="text"/>
<input type="text"/> - <input type="text"/>			Frequency of Use	<input type="text"/>
Address	City		Route of Admin	<input type="text"/>
<input type="text"/>	<input type="text"/>		Age First Used	<input type="text"/>
County	State		Prior Detox	<input type="text"/>
<input type="text"/>	MO <input type="button" value="v"/>		Prior Residential	<input type="text"/>
Home Phone	Work Phone		Prior Outpatient	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		Do you have a psychological problem?	
Birthdate	SSN		<input type="radio"/> Yes <input checked="" type="radio"/> No	
10/16/1970 <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		Do you have a developmental disability?	
Living Arrangement	Family Size		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="text"/>	<input type="text"/>		Pregnant at Admission?	
Is there a parent/legal guardian who should be involved in treatment decisions?	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Race	Hispanic Origin		Education	
Black,not of Hispanic Org <input type="button" value="v"/>	<input type="text"/>		<input type="text"/>	
Sex	# children in your care			
<input type="text"/>	<input type="text"/>			

Missouri  
Department of  
Mental Health  
Outcomes Web

[Client Search](#)

### Update Assessments:

[Assessment List](#)

### Add Assessments:

[--- ADA ---](#)[CAGE-Aid](#)[MH Screening](#)[Presenting Situation](#)[ASI](#)[ASI Mini](#)[Treatment History](#)[Med Eval - Emergency](#)[Med Eval - Non-Emergency](#)[HIV/STD/TB Risk](#)[DSM-IV](#)[Service Needs](#)[MACSA](#)[MACSA Mini](#)[ATR](#)[--- CPS ---](#)[Adult CPS](#)[Youth CPS](#)

### Admin:

[Voucher Management](#)[Staff Information](#)[DMH Alert Maintenance](#)

### Reporting:

[Adult Reports](#)[MACSA Reports](#)

CAGE-AID Screening

ATR GPRA Outcomes Tool

ATR Voucher Management

treatment decisions?

Race

Sex  
☒ M ☐ F

Marital Status

Preferred Language

Specific Language

Codependent Status  
☒ Yes ☐ No

Referral Source

Location

Commitment Type

Admission Type

Hispanic Origin

# children in your care

Hearing Status

Primary Client State ID

Is this a DMH Client? ☒ Yes ☐ No

Other Enrollment Information

ADULT CLINICAL INTERVENTION PROG  
 COMPULSIVE GAMBLING  
 CORRECTIONS OUTPATIENT  
 CORRECTIONS RESIDENTIAL  
 CSTAR Adolescent  
 CSTAR General Adult  
 CSTAR Women & Children  
 Hospital Inpatient  
 Methadone Treatment  
 Outpatient  
 PR+ MODIFIED MEDICAL DETOX  
 PR+ OUTPATIENT  
 PR+ SS DETOX  
 PR+ W/RESIDENTIAL SUPPORT  
 Registration  
 RECOVERY SUPPORTS  
 SATOP ADOLESCENT DIVERSION ED PGM  
 SATOP COMPLETION OF ADA TREATMENT  
 SATOP COMPLETION OF NON-ADA TRMT  
 SATOP OFFENDER EDUCATION PROGRAM  
 SATOP SCREENING  
 SATOP WEEKEND INTERVENTION PROG  
 SERIOUS & REPEAT OFFENDER PROJECT  
 Thirty Days or Less Residential  
 YOUTH CLINICAL INTERVENTION PROG

The following is required for ADA clients if under 18 years of age or if they have legal guardians.

Parent/Guardian Last Name

Parent/Guardian First Name

Parent/Guardian MI

Street

City

State

Zip Code

Parent/Guardian Home Phone #  
 -  -

Parent/Guardian Work Phone #  
 -  -

Relationship to Client

ATR PR+ Clinical Treatment Codes  
 Outpatient level 1, 2 or 3

Level1 with Residential Support

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Mail Print W Links

Address <http://outcometest.dmh.state.mo.us/ClientEnrollment.asp> Go Links

### Client Enrollment (TEST CLIENT)

Clear Save Print Help

**Client enrollment is completed. If updates are necessary, make changes below, then click Save.**

State ID 460258	Admission Date 5/2/2005	Local Chart No. 1267702	Education 11TH GRADE
Last Name CLIENT	First Name TEST	Middle ONE	Veteran Status <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
Zip Code - -	COMBAT-funded <input type="checkbox"/>		
Address 123 MAIN		City COLUMBIA	Medicaid DCN 
County BOONE	State MO	Is this a DMH Client? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Home Phone - - -	Work Phone - - -	Other Enrollment Information 	
Birthdate 7/31/1987	SSN - - -		
Living Arrangement SINGLE PARENTS	Family Size 02		
Is there a parent/legal guardian who should be involved in treatment decisions? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Race White, not of Hispanic Org	Hispanic Origin NOT OF HISPANIC ORIGIN		
Sex <input checked="" type="radio"/> M <input type="radio"/> F	# children in your care 00		

Missouri  
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Outcomes Web

[Client Search](#)

**Update Assessments:**  
[Assessment List](#)

**Add Assessments:**

--- ADA ---

[CAGE-Aid](#)

[MH Screening](#)

[Presenting Situation](#)

[ASI](#)

[ASI Mini](#)

[Treatment History](#)

[Med Eval - Emergency](#)

[Med Eval - Non-Emergency](#)

[HIV/STD/TB Risk](#)

[DSM-IV](#)

[Service Needs](#)

[MACSA](#)

[MACSA Mini](#)

[ATR](#)

--- CPS ---

[Adult CPS](#)

[Youth CPS](#)

**Admin:**

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**Reporting:**

[Adult Reports](#)

[MACSA Reports](#)

Local intranet

Cage-Aid  
Required of all ATR PR+ clients  
at intake

Name: Test Client  
Chart Number: 1285506  
Creation Date: 5/3/2005 12:00:00 AM  
Staff: MZSHIEM

---

## CAGE-AID

**Note:** The Cage-Aid is not required for clients entering an adolescent program.

Score 1 point for each 'Yes' answer for questions 1-4. If the score is greater than 0, then the CAGE-AID is positive and an ASI should be completed. If clinical judgment warrants, an ASI may be completed even if the CAGE-AID score is 0.

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1. Have you ever felt you should cut down on your drinking or drug use?  
☐ Yes  
☐ No
2. Have people annoyed you by criticizing your drinking or drug use?  
☐ Yes  
☐ No
3. Have you ever felt bad or guilty about your drinking or drug use?  
☐ Yes  
☐ No
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?  
☐ Yes  
☐ No

Comments:

Save

Clear

Print

Cancel

Four yes or no questions

Click Save button at the end



## Client Assessment List (TEST CLIENT)

[Help](#)

Assessment	Episode	Provider	Creation	Last Edit
<a href="#">ATR</a> <a href="#">Edit</a>	04/25/2005	5075564	05/03/2005	05/03/2005
<a href="#">ATR</a> <a href="#">Edit</a>	04/25/2005	5075564	05/03/2005	05/03/2005
<a href="#">CAGE Aid</a>	04/25/2005	5075564	05/03/2005	05/03/2005

### Missouri Department of Mental Health Outcomes Web

[Client Search](#)  
[Client Enrollment](#)

#### Add Assessments:

--- ADA ---

[CAGE-Aid](#)[MH Screening](#)[Presenting Situation](#)[ASI](#)[ASI Mini](#)[Treatment History](#)[Med Eval - Emergency](#)[Med Eval - Non-Emergency](#)[HIV/STD/TB Risk](#)[DSM-IV](#)[Service Needs](#)[MACSA](#)[MACSA Mini](#)[ATR](#)

--- CPS ---

[Adult CPS](#)[Youth CPS](#)

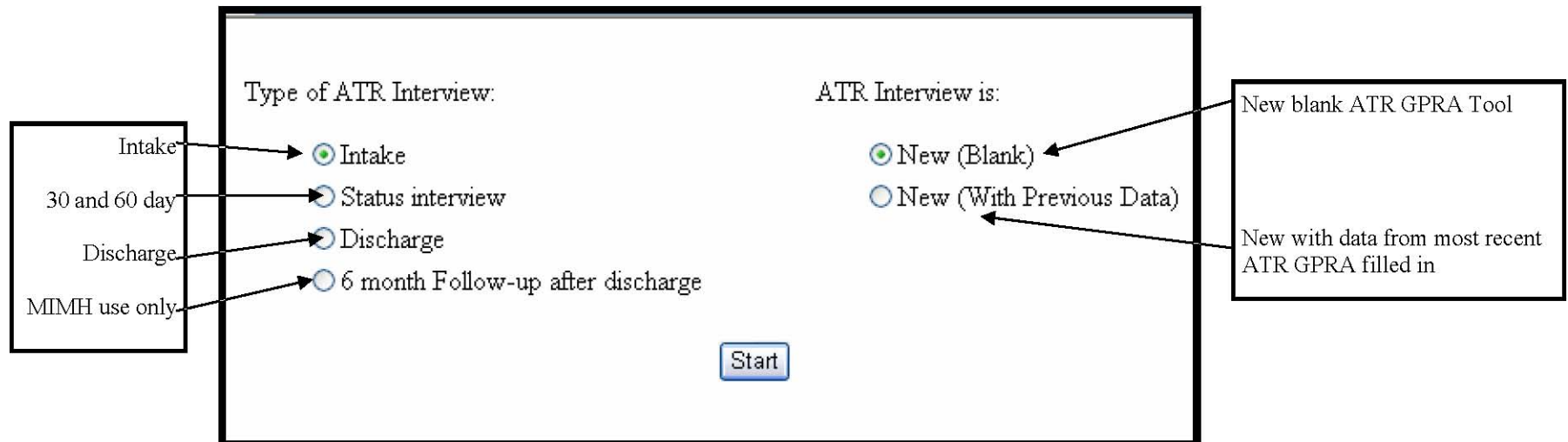
#### Admin:

[Voucher Management](#)[Staff Information](#)[DMH Alert Maintenance](#)

#### Reporting:

[Adult Reports](#)[MACSA Reports](#)

ATR GPRA Outcomes Tool  
Intake  
30 days  
Every 60 days  
And at Discharge





Name: TEST CLIENT  
Chart Number: 1285506  
Creation Date: 5/3/2005 8:40:46 AM  
Staff: MZSHIEM

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## ATR-Intake

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### A. Record Management:

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Interview date (mm/dd/yyyy):

Interview type: Intake

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#### H1) What is your gender?

- ☐ Male
- ☒ Female
- ☐ Transgender
- ☐ Other
- ☐ Refused to answer
- ☐ Do not know
- ☐ Missing data

H1\_OTH) Specify other gender

Beginning of ATR GPRA  
intake outcomes measure-  
ment tool.

To be done at intake to PR+  
Clinical Treatment level 1,  
2 or 3 outpatient or level 1  
with residential support

## Client Assessment List (TEST CLIENT)

[Help](#)

Assessment	Episode	Provider	Creation	Last Edit
<a href="#">ATR</a> <a href="#">Edit</a>	04/25/2005	5075564	05/03/2005	05/03/2005
<a href="#">ATR</a> <a href="#">Edit</a>	04/25/2005	5075564	05/03/2005	05/03/2005
<a href="#">CAGE Aid</a>	04/25/2005	5075564	05/03/2005	05/03/2005

Missouri  
Department of  
Mental Health  
Outcomes Web

[Client Search](#)  
[Client Enrollment](#)

### Add Assessments:

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[HIV/ STD/TB Risk](#)  
[DSM-IV](#)  
[Service Needs](#)  
[MACSA](#)  
[MACSA Mini](#)  
[ATR](#)  
--- CPS ---  
[Adult CPS](#)  
[Youth CPS](#)

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ATR PR+ Voucher Management

Can only be opened after CAGE-Aid and ATR GPRA have been completed on clients admitted into ATR PR+ Clinical Treatment level

Add/Edit Voucher Packages

Client, Test (461369)

Voucher

Start

End

36

4/25/2005

Add Package

Add/Edit Recovery Support Service

Report

Close

	Package	Provider	Budget	Spent	Remaining \$s	Remaining Days	Start	End
<div>Discontinue</div>	Assessment	Phoenix Programs, Inc.	\$120.00	\$0.00	\$120.00		04/25/2005	

## Voucher Management

Click **add package** button to add clinical treatment voucher after level of care has been determined by assessment.

Click **close** button to return to outcomes web client assessment list.

Click **report** button to access printable vouchers

Assessment voucher is automatically created when client is admitted into PR+ Clinical Treatment

### Choose Package:

- ☐ ASMT - Assessment
- ☒ 1-R - Primary treatment with residential support
- ☐ 1 - Primary treatment without residential support
- ☐ 2 - Intensive outpatient rehabilitation
- ☐ 3 - Supported recovery
- ☐ RS - Recovery support

Issue Date:

4-25/2005

Add Package

Cancel

### Add Package Voucher Management Window

Assign appropriate clinical treatment level voucher to client by clicking button.

When client is assigned to a new level of care click button to create a new voucher. Adding a new clinical treatment voucher will automatically discontinue the previous clinical treatment voucher at the issue date of the new voucher.

Recovery Support voucher package is added by clicking here. Recovery Support vouchers can be open at the same time as assessment and clinical treatment vouchers.

Voucher Issue date is editable when creating the voucher.

## Add/Edit Voucher Packages

CLIENT, TEST (461369)

Voucher

Start

End

36

4/25/2005

Add Package

Add/Edit Recovery Support Service

Report

Close

	Package	Provider	Budget	Spent	Remaining \$s	Remaining Days	Start	End
<a href="#">Discontinue</a>	Assessment	Phoenix Programs, Inc.	\$120.00	\$0.00	\$120.00		04/25/2005	
<a href="#">Discontinue</a>	Primary treatment with residential support	Phoenix Programs, Inc.	\$1,993.00	\$0.00	\$1,993.00		04/25/2005	

Voucher management window showing newly added Clinical Treatment Voucher

# Add/Edit Voucher Packages

CLIENT, TEST (461369)

Voucher

Start

End

36

4/25/2005

Add Package

Add/Edit Recovery Support Service

Report

Close

	Package	Provider	Budget	Spent	Remaining \$s	Remaining Days	Start	End
<a href="#">Discontinue</a>	Assessment	Phoenix Programs, Inc.	\$120.00	\$0.00	\$120.00		04/25/2005	
<a href="#">Discontinue</a>	Primary treatment with residential support	Phoenix Programs, Inc.	\$1,993.00	\$0.00	\$1,993.00		04/25/2005	
<a href="#">Discontinue</a>	Recovery support	Phoenix Programs, Inc.	\$400.00	\$0.00	\$400.00		05/03/2005	

Click Add/Edit Recovery Support Service to add specific recovery support services to the recovery support voucher package.

Newly added recovery support voucher package

### Add/Edit Recovery Support Services

Service  Provider  Start Date  End Date  Dollars  Units

Recovery Service Provider Budget Spent Units Units Used Start End

Select recovery support service from the **Service** drop down menu.

### Add/Edit Recovery Support Services

Service  Provider  Start Date  End Date  Dollars  Units

Recovery Service Provider Budget Spent Units Units Used Start End

Select recovery support provider for that particular recovery support service from the **Provider** drop down menu.

### Add/Edit Recovery Support Services

Service  Provider  Start Date  End Date  Dollars  Units

Recovery Service Provider Budget Spent Units Units Used Start End

Fill in start and end dates dollar amount and units allocated for this recovery support service.

Click **Add** button to add the recovery support service.

Return to voucher management window



## ATR Voucher Reports

Generate reports for: CLIENT, TEST (461369)

Report: Voucher

Scope: Active

Display selected report

Voucher Management

## ATR Voucher Reports

Generate reports for: CLIENT, TEST (461369)

Report: Voucher

Scope: Voucher  
Recovery Support Voucher  
Voucher Status

Display selected report

Voucher Management

## ATR Voucher Reports

Generate reports for: CLIENT, TEST (461369)

Report: Voucher

Scope: Active  
Active  
All

Display

Voucher Management

### ATR Voucher Reports

Clinical Treatment Vouchers and recovery support vouchers must be printed signed by the client and a copy placed in the client record.

Utilize the drop down menus to select type of voucher or report you wish to display.

Utilize **Display selected report** button to create the voucher or report.

Utilize the **Voucher Management** button to return to the main voucher management page.

Zoom: Page Width

Format: HTML

Generate Report

- HTML
- Acrobat (PDF) file
- Excel
- TIFF file
- Web archive
- CSV (comma delimited)
- XML file with report data

Voucher Report can be generated in multiple formats by selecting from the drop down menu

Consumer Name: CLIENT, TEST

DMH ID: 461369

Printed: 3 May, 2005

Start: 25 April, 2005

Clinical Treatment Provider: Phoenix Programs, Inc. (5075564)

### Treatment Packages

Start	End	Package	Budget	Units	Days	Last e
25-Apr-05		Assessment	\$120.00	1	0	MZSHI
25-Apr-05		Primary treatment with residential support	\$1,993.00	0	30	MZSHI
3-May-05		Recovery support	\$400.00	0	0	MZSHI

### Recovery Supports

Start	End	Service	Budget	Provider
3-May-05	3-Jul-05	Spiritual Life Skills (Individual or Group)	\$50.00	Crossroads Community Recovery Center

I clearly understand the instructions given to me for these services and have made the choice of provider of my own free will.

Voucher						
Consumer Name: CLIENT, TEST			Printed: 3 May, 2005			
DMH ID: 461369			Voucher start: 25 April, 2005			
Clinical Treatment Provider: Phoenix Programs, Inc. (5075564)						
Treatment Packages						
Start	End	Package	Budget	Units	Days	Last edit
25-Apr-05		Assessment	\$120.00	1	0	MZSHIEM
25-Apr-05		Primary treatment with residential support	\$1,093.00	0	30	MZSHIEM
3-May-05		Recovery support	\$400.00	0	0	MZSHIEM
Recovery Supports						
Start	End	Service	Budget	Provider		
3-May-05	3-Jul-05	Spiritual Life Skills (Individual or Group)	\$50.00	Crossroads Community Recovery Center		
I clearly understand the instructions given to me for these services and have made the choice of provider of my own free will.						
Consumer signature: _____						
<small>NOTE: The creation of a voucher under the Access to Recovery program is not a guarantee of payment for the services specified. This voucher represents a commitment on the part of the State of Missouri, Division of Alcohol and Drug Abuse, to pay for services while funding is available and the client remains eligible. If at any point in the fiscal year funds are exhausted, all subsidies end for that year without regard to the existence of vouchers that have not expired. This voucher is only valid while the client is engaged in clinical treatment.</small>						

Clinical treatment voucher ready to print.

Client signature verifies client choice of treatment provider

Signed copy in client record.

Recovery Support Voucher					
Consumer Name: CLIENT, TEST			Printed: 3 May, 2005		
DMH ID: 461369					
Clinical Treatment Provider: _____					
Contact Name and Telephone Number: _____					
Address: _____					
Package	Service	Max	From	To	
Recovery support	Spiritual Life Skills (Individual or Group)	\$50	3-May-05	3-Jul-05	
Next steps: Take this voucher to Crossroads Community Recovery Center. There you can use it to pay for the services listed above.					
Recovery Support Provider: Crossroads Community Recovery Center					
Address: _____					
Contact Information: _____					
I clearly understand the instructions given to me for these services and have made the choice of provider of my own free will.					
Consumer signature: _____					
<small>NOTE: The creation of a voucher under the Access to Recovery program is not a guarantee of payment for the services specified. This voucher represents a commitment on the part of the State of Missouri, Division of Alcohol and Drug Abuse, to pay for services while funding is available and the client remains eligible. If at any point in the fiscal year funds are exhausted, all subsidies end for that year without regard to the existence of vouchers that have not expired. This voucher is only valid while the client is engaged in clinical treatment.</small>					

### Recovery Support Voucher

Printed and then blanks filled in by clinical treatment provider.

Client signature verifies client choice of recovery support provider

Signed copy in client record, one copy to client, Release of information signed and copy faxed to recovery support provider.

